

Method of Approach:

The Gila County Division of Health and Emergency Services will provide services through the High Risk Perinatal Program/Newborn Intensive Care Program-Community Nursing Services to residents of Gila County including the Tonto Apache and San Carlos Apache Indian Reservations. Our staff is committed to improving services offered to our residents. The staff providing services for this program are a CHN, Christine McCown NICP RN (see resume) and a bachelor's degree social worker overseen by the Health Services Program Manager (see job descriptions). We already see many of these clients for immunization and WIC services. We also provide space for regional Children's Rehabilitative Services for their pediatric orthopedic, cardiac, and genetic clinics. Providing NICP services allows us to improve our client/nurse relationship and reduce the amount of people involved in service delivery to these clients. Case management becomes easier due to less confusion about where to go and who to see.

The staff is familiar with the Office for Children with Special Health Care Needs (OCSHCN). This service is for families who do not meet the eligibility criteria for HRPP/NICP but could benefit from these services. We occasionally enroll children for OCSHCN, but this is rare. An instance would be when the Community Health Nurse visits a child qualified for NICP and the family requests an assessment be done on the older child because they were also born at 26 weeks and never enrolled in the NICP Program.

Orientation training is provided for all CHN's, social workers and Health Services Program Managers. This training is designed to give the staff an overview of all required program responsibilities, and allows staff to demonstrate their abilities to perform the necessary competencies to provide the program related services. Orientation training includes those items as outlined in the ADHS policy and procedure manual. Training is conducted by existing qualified department staff and ADHS qualified staff when necessary and available and ADHS recommended webcasts. All training is documented in the orientation/education log. Our CHN attends the annual meeting. Our current CHN also receives multiple trainings through her position as a clinical educator for the NICU. The Health Services Program Manager does an annual performance review for staff as well as also being evaluated by his/her supervisor.

Gila County does not have an early interventionist. Therefore our CHN always provides, not only the first home visit, but all subsequent visits. The CHN uses ages and stages for the developmental screening. The Ages and Stages categories are communication, gross motor, fine motor, problem solving, and personal social information and discussions are shared regarding appropriate development. Education is provided on Safe Sleep and car seat safety. Water safety is discussed in the summer; immunizations, and RSV in the winter. The CHN evaluates the child's sleeping facilities, the kitchen, and living room. On the first appointment, the CHN reviews to ensure that the mom is aware of all the follow-ups appointments. Monitor of physical growth is also done at every visit using a portable scale.

At the first visit the CHN does the postpartum depression score. If the mother is at risk for post-partum depression the CHN gives them a referral to their OB physician. In most cases the CHN stays with mother while she makes the call. The CHN also screens for family support,

especially if there is no father on the scene. The CHN discusses the importance of the mothers own health and the balance of work with home. Options for planning future pregnancies and the benefits of delaying a new pregnancy are discussed, along with birth control methods. For parents of premature children education is provided regarding the premature baby.

The CHN makes all efforts to contact the families within one week by phone. Many times the numbers provided by the hospitals are just contact numbers for while the baby is in the hospital. Once discharged it becomes very difficult to locate the families. Many of these families are extremely mobile. We do everything possible to try and contact all families within one week of receiving the NICP Enrollment and Discharge Forms. We also make every attempt to visit the family within two weeks of receiving the referrals. Many families, especially those who have had a first baby, usually prefer that visits be delayed past the two weeks because they have family providing the support they need.

In the beginning a family gets visited every few months based on their medical needs. The CHN makes an average for 4-6 visits within the first year. If there are no issues after one year of age and the child is walking, a discussion is held with the parents about discharging the child from the program. The family members are an integral part of the patient care process. Assessment information is shared with those in the family in order to help the child attain their greatest potential. The parents are the ultimate decision-makers for the child and can be their greatest advocate.

Gila County is a very rural county. According to the 2013 “Quick Facts” from the U.S. Census Bureau we have a population of 53,053 individuals. Gila County covers 4,757.93 square miles. This means there are approximately 11.3 persons per square mile. We are a poorer community with twenty percent of our residents are below poverty level. Only 18.9% of our residents have a bachelor’s degree or higher. There are no other CHN agencies in Gila County. We currently cover Graham County’s part of the San Carlos Apache Reservation. We have two hospitals in Gila County, one in Payson and one in Globe. Both hospitals are level one.

Some hospitals refer children to AZIP as well as the CHN program. During the initial contact the CHN questions the family to see if they have been contact by AZIP. If they are enrolled in AZIP, the CHN explains they are not qualified for both programs and closes the file. The CHN also makes referrals to AZIP if needed. If the child does not meet the path of the developmental evaluation, the CHN will give recommendations to improve their development by teaching the age appropriate milestones. In order for the family to be the most effective for the child, they must be supported and be taught the necessary skills to help the child. If the child still does not do well they are referred to AZIP. If the child has any physical problems, they are referred to their pediatrician. The child and family must have a positive relationship with their primary care provider. It is crucial to the child’s condition that the physician be aware of the child’s condition and progress towards elimination of any problems. Early assessment by the primary care physician is important for problem identification and intervention. Providers are kept abreast of the changing needs of the child. A plan is developed between the family, the CHN and the pediatrician.

Our CHN is very familiar with Gila County both off and on the reservations. She is more than willing to assist the ADHS Newborn Screening Program in locating families. She can assist in facilitating the collection and submission of another newborn screening test for infants with a previously abnormal test result.

The 2014 “Values” statement for the Gila County Office of Health Nursing Section is to “Accurately provide health education, interventions and support with respect and integrity”. In addition to providing orientation to new staff, we encourage staff continue with their education and utilize all training available through ADHS and the internet. Our current CHN is currently studying for her RN-BSN-MSN through Chamberlain College of Nursing. She is currently employed as the RN Clinical Educator for the NICU at Banner Health in the West Valley.

New staff is provided orientation according to Program Policies. Continuing Education is encouraged. Our new CHN’s normally shadow our current CHN’s or are sent to another county for shadowing. The State is helpful in giving us a list of contacts to schedule shadow visits. The CHN and the Program Manager discuss any concerns and seek to resolve any issues monthly and as needed. If they are unable to resolve the problem, they contact the State Program Manager.

We provide information to the State through our Quarterly QI reports. Our current goals are: locate all children referred to the program; contact each family within one week of receiving the referral; and visit each family within 2 weeks of receiving the referral. The CHN also provides a satisfaction survey during her 5th visit which are reviewed by the CHN and Program Manager.

We rarely get referrals for low risk babies. Most of the babies are moderate to high risk. If the child does not need to be seen, the CHN will discuss discharging the baby with the family. A letter is sent to the families stating that their child has been determined to be low risk and does not require an initial visit. If the family requests a follow-up visit the CHN will make a visit.

The Gila County Office of Health will provide services to all areas of Gila County including the San Carlos Apache and Tonto Apache Reservations, and the Gila/Graham portion of the San Carlos Indian Reservation. We project that we will be able to serve approximately 25 clients. The Gila County Office of Health will attempt to see all patients referred for services. If at any time there is concern regarding the number of clients to be seen, consultation with ADHS program manager will take place and a solution will be found. Gila County currently has 12 families enrolled in the HRPP/NICP Program. In 2013 our CHN provided 49 home visits. About 30% of our visits are non-local (17) and 60% are local (32). Because of the size of Gila County non local visits can be over 200 miles away. In 2013 between local and non-local visits our CHN traveled 3,729 miles.

Site Specific Training is individualized to meet the specific demands of the various communities our staff provides services for. These training are on an as-needed basis. New staff members are provided information on the Policy and Procedures of Gila County. A photograph and ID badge are given to the CHN’s so they can be easily identified by clients. Updates and referral services are provided to the staff with information on how to access them. All of our HRPP/NICP staff are residents of Gila County.

Our CHN is a NICU RN clinical Educator for Banner Health-West Valley. She is an RN, BSN and currently working on her Master's Degree through Chamberlain College of Nursing. She has both NICU and PICU experience. We are attempting to recruit a Social Worker at this time. We do not recruit Early Interventionists. Gila County employs 4 full time Registered Nurses. One nurse is the supervising nurse whose title is Health Services Program Manager. She is in charge of overseeing this program. This position is currently "Vacant". In the meantime, Paula Horn, Deputy Director of Health Services will ensure that all contractor requirements be fulfilled. We have one consulting General Practitioner that serves as our Medical Consultant. Records of all necessary licenses are kept in our Human Resources Department. Documentation of Orientation/Training for each staff member providing visits is maintained. All staffs proof of current Arizona Nursing Licensure and continuing education for the previous year are kept in the Health Services Program Managers Office in a locked file cabinet.

At the end of each month, the CHN and the Health Services Program Manager discuss any problems or concerns. The CHN completes the required documentation of the home visitations. The Health Services Program Manager provides a monthly log that includes the name of the participant, date of visit and type of visit. The monthly log and invoice are submitted within 30 days after the end of each month. Quarterly reports consist of program strengths, priorities and concerns, the goals for the next 3 months, and training/education activities and certifications. These reports are submitted by October 31, January 31, April 30th and July 31st.

The Gila County Health Services Program Manager will be responsible for recruiting, hiring, training, supervision and ongoing professional competency of CHN's and social workers that have contact with infants, toddlers and families. The Program Manager will provide orientation, continuing education and supervision of all staff. Continuous Quality Improvement will be monitored through CHN visitation reports and the results reported to the state in our quarterly reports. The CHN will provide a satisfaction survey to all families on the 5th visit with the CHN. These surveys will be evaluated by the Health Services Program Manager.

The CHN will make every effort to contact the family within one week of receipt of the NICP Enrollment & Discharge Forms and the first home visit scheduled with two week of receipt of the forms unless otherwise requested to wait by the family. This will be noted in the nursing records. The CHN will also identify and enroll children with special health care needs. Assessments, including physical, developmental psychosocial and environmental assessments are completed for all enrolled infants. Family support and early intervention along with referral services to community resources are provided as needed. The mother receives a postpartum wellness assessment including interconception support and education. The CHN will locate families and facilitate the collection and submission of additional newborn screening tests for infants with a previously abnormal test result.

All services for this contract shall be performed in accordance with the Community Nursing Services Policy and Procedure Manual. A map of the service area is provided in the attachments.

The Gila County Office of Health has been providing services for the High Risk Perinatal Program/Newborn Intensive Care Program Community Nursing since 1999. You can contact Valerie Odeh, Program Manager, High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) Office of Children's Health, Arizona Department of Health Services, 150 N 18th Ave., Suite 320, Phoenix, AZ 85007. Office (602) 364-1462, fax (602) 542-1843 and her e-mail address is Valerie.Odeh@azdhs.gov Information can be obtained regarding our annual site visits.

Gila County also provides a "Well Child Clinic" designed to assist families with newborn infants to obtain developmental information/education along with physical evaluation. Although this is not a home visiting program, often children with growth issues are seen here and evaluated by the physician on a more frequent basis. Immunization information and vaccines are provided at this clinic, which is a "one stop shop" delivery design. The physician overseeing this program is Michael Durham, MD, 621 South Fifth Street, Globe, AZ 85501. His telephone number is (928) 425-4467 and his back office number is (928) 425-4469 and fax (928) 425-6166. mdurhammd@cableone.net. This is an in-house service provided by Gila County itself.

The Gila County Office of Health also provides the Healthy Steps Program. This program is sponsored by First Things First. The program is for all families with children ages 0-5 years of age. An expert in child development, behavior and early learning goes on home visits or meet at our office. She provides information to help parents understand the needs of their young child and helps them decide what is right for them and their child. The goal of the program is to help parents feel more confident. Healthy Steps program is located in the Globe and Payson Health Departments. Globe Healthy Steps program is located at 5515 S. Apache Avenue, Suite 100 Globe, AZ 85501, the phone number is (928) 402-8810. Payson Healthy Steps program is located at 200 W. Frontier Payson, AZ 85541, the phone number is (928) 472-5378.